

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09/541857</i>	FILING DATE <i>4-8-80</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14	1						64					
15		1					65					
16		1	3				66					
17			3				67					
18			3				68					
19			1				69					
20	1						70					
21		1					71					
22		1					72					
23		3					73					
24		1					74					
25							75					
26			1				76					
27			1				77					
28			1				78					
29			1				79					
30			1				80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	34	1	1	1			TOTAL DEP.					
TOTAL CLAIMS	37						TOTAL CLAIMS					